

Foster Family Home - Corrective Action Report

Provider ID: 6-180059

Home Name: Arsenia Masiglat, NA

Review ID: 6-180059-2

425 Kikipua Street

Reviewer: David Ayling

Kaunakakai

HI 96748

Begin Date: 10/23/2018

End Date: 10/24/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a new 2 person CCFFH certification review made on 10/23/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 bed certification.

David Ayling
Compliance Manager

Arsenia Masiglat
Primary Care Giver

10/23/18
Date

10-23-2018
Date